TIPPECANOE COUNTY BUILDING COMMISSION

BUILDING PERMIT APPLICATION

DATE FILED	KEY NUMBER_	PERMIT #		
TYPE OF IMPROVEME	NT			
				MODULAR
ADDRESS OF IMPROVE	EMENT			
SUBDIVISION		LOT_		
TOWNSHIP		_ SEC	TWP	RANGE
SQ. FT 1 ST FLOOR	2 ND FLOOR	SLAB/CRAWL		
BASEMENT (PLEASE C	IRCLE ONE) FINISHEI	O SQ FT	UNFINIS	SHED SQ FT
ATT GARAGE	DET GARAGE	SCRE	ENED PORCH	DECK
OWNER				
CURRENT ADDRESS	_ ZIP CODE_			
PHONE NUMBER	CELL NUMBER			
GENERAL CONTRACT ADDRESS				
				ZIP
	CELL NUMBER			
I CERTIFY THAT THE INI IS TRUE AND CORRECT				IDING ALL ATTACHMENTS,
OWNER(S)	CONTRACTOR			
•••••		•••••	•••••	
		FEES:		
FILING:\$10.00	IMPROVEM	IENT		TOTAL: \$
PENALTY:	ELECTRIC:			RECEIPT #
PERMIT ISSUE DATE			RV	